



P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075

Phone: (920) 994-4852 • Fax: (920) 994-2390

Permit No. _____

HVAC Permit Application

Jobsite: _____

Owner's Name _____

Mailing Address (if different from project location above) _____

Phone No. _____

Contractor's Name _____

Contractor's Mailing Address _____

Phone No. _____

City, State & Zip Code _____

Email _____

Dwelling Contractor Certification No. _____

Dwelling Contractor Qualifier Certification No. _____

Please check project type

** 1 set of building plans drawn to scale must accompany this application*

| | | | | |
|-------------|--|-----------|--|------------------------|
| New* | | Addition* | | Job Description: _____ |
| Alteration* | | Repair | | |

Fee Schedule

| Description | Count/Size | Rate | Fee |
|---|------------|-----------------------------------|---------|
| New Construction Heating, including Duct Work | | \$0.04/sq. ft for all floor areas | |
| New Construction Air Conditioning | | \$0.04/sq. ft for all floor areas | |
| Natural Gas Service Permit | | \$30.00 | |
| Incinerator Unit/Fireplace | | \$25.00 | |
| Replacement Heating, Radiant Heating Unit | | \$20.00 | |
| Replacement Air Conditioning Unit | | \$20.00 | |
| Re-inspection Fee | | \$60.00 | |
| Other: | | | |
| (Non-Refundable) Base Permit Charge | | \$40.00 | \$40.00 |
| | | Total: | |

ALL FEES PAYABLE TO: VILLAGE OF RANDOM LAKE

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension of this permit or other penalty. The applicant agrees to comply with Municipal Ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, and certifies that the above information is accurate. If work is started before a permit is obtained, except in emergencies, the fee shall be doubled. Granting of a permit after work is started shall not relieve the licensee from any liability. Permits are valid for two years from the date below.

All work must be inspected by the Building Inspector. Call RK Inspections, Roger Kison at 414-333-4511 for inspections

SIGNATURE _____

DATE _____

PAID BY: _____

FOR OFFICE USE:

CHECK NO. _____

AMT PD _____

DATE _____